

# Work Order ID 123673

\*123673\*

Page 1

Monday, August 18, 2014 2:36:19 PM

Item ID: D3305-1 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Cushion  
Start Date: 8/18/14 Start Qty: 4.00 \*4\* Cust Item ID:  
Required Date: 8/18/14 Req'd Qty: 4.00 \*4\* Customer:  
Reference:

Approvals: Process Plan: ML5 Date: 14-08-19 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
Run Start \*NR1\*  
Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3305	Rev B								

100

0.00

\*100\*

Purchasing

Purchasing

PURCHASING

Memo

Issue P/O: 25465 Manufacture as per Dwg D3305 Possible  
Supplier: Aerotex Interiors Material release note is required

0.00

CL 14/08/21 6

110

Receive & Inspect for Damage & Mat'l Certs

0.00

\*110\*

Packaging

Packaging

Memo

Ensure Material Release Note is attached

0.00

14/9/15 6

120

QC6- Inspect dimensions to drawing

0.00

\*120\*

QC

Quality Control

Memo

0.00

6 14-9-11

DAS  
38  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 123673

Monday, August 18, 2014 2:36:19 PM

**\*123673\***

Page 2

Item ID: D3305-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Cushion

Start Date: 8/18/14 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 8/18/14 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>31458</u>	0.00							
<b>*130*</b>									
Packaging	Memo	0.00				<u>6</u>	<u>2149-11</u>		
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
<b>*140*</b>									
QC	Memo	0.00							
Quality Control									

14/9/12 MF  
14-9-11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

Page 1

Monday, August 18, 2014 2:36:19 PM

Work Order ID: 123673

**\*123673\***

Parent Item: D3305-1

**\*D3305-1\***

Parent Item Name: Cushion

Start Date: 8/18/14

Required Date: 8/18/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: A04.09.07New issue KJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3305-1P		Purchased	No			110	Each	0.0000	1	4			
<b>*D3305-1P*</b>									<b>**</b>				
Cushion													

*P 7/9/15* *(C)*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

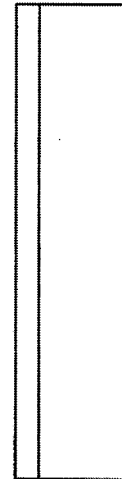
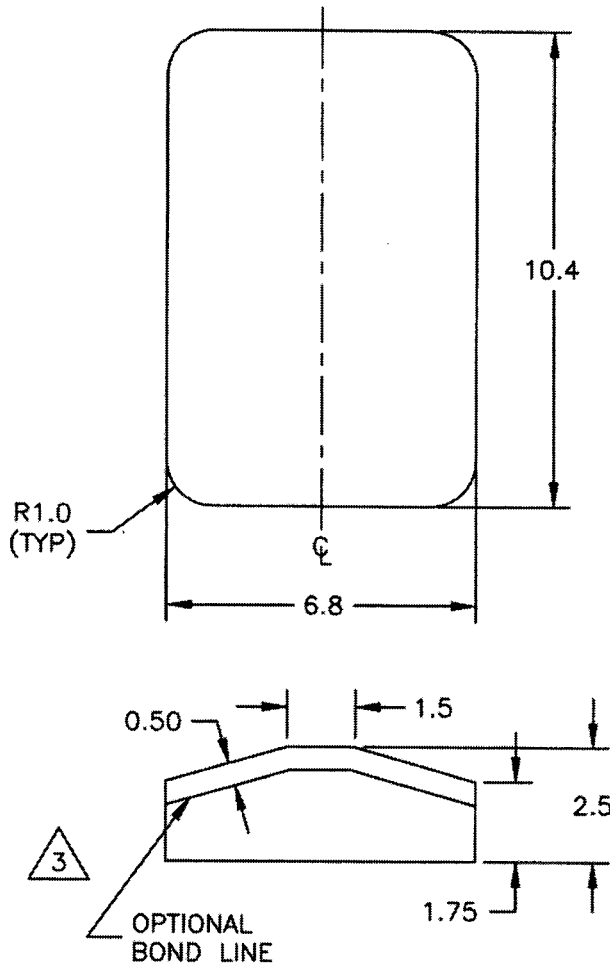
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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**DART**

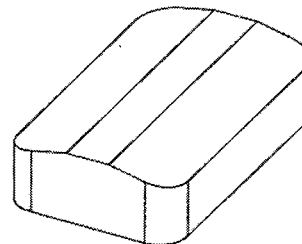
DESIGN RT	DRAWN BY RT	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED #	APPROVED #	DRAWING NO. D3305	REV. B SHEET 1 OF 1
DATE 04.10.14		TITLE CUSHION	SCALE NTS
A	04.08.18	NEW ISSUE	
B	04.10.14	ADD BONDING SPEC.	

**RELEASED**

04.10.15 #



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 123673 MCL  
14-08-19

**D3305-1****D3305-1 NOTES:**

- 1) POSSIBLE SUPPLIER: AEROTEX INTERIORS INC.
- 2) MATERIAL: SKANDIA HR150 POLYFOAM (4.6 LBS/CU FT) TO MEET THE BURN TEST REQUIREMENTS OF FAR 29.853a2
- 3) CUSHION MAY BE ASSEMBLED BY BONDING A 0.5" PIECE OF FOAM TO A 2.0" PIECE OF FOAM AS SHOWN ABOVE USING 3M 1300 ADHESIVE (0.002" TO 0.010" THICK) I.A.W. MANUFACTURER'S INSTRUCTIONS
- 4) PART IS SYMMETRIC ABOUT CENTERLINE
- 5) ALL DIMENSIONS ARE IN INCHES
- 6) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO25465**

Purchase Order Date 8/21/2014

PO Print Date 8/21/2014

Page Number 1 of 2

**Order From :**

VC-AER003

**Ship To :** DART AEROSPACE LTD

AEROTEX INTERIORS INC.  
2340 PEGASUS WAY NE  
UNIT 151  
CALGARY, AB T2E 8M5  
CA

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 403 295 8770

**Ship To Contact**

**Ship To Phone**

**Ship Via:** FedEx Overnight collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

FCA - (Free Carrier)

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D3305-1P  AS PER DWG D3305 REV. B B123673	Cushion	9/10/2014 Yes 9/10/2014		6.00 Each	\$54.00	\$324.00
Line Total:							\$324.00
2	D3306-041P  AS PER DWG D3306 REV. B B123737	Cover Assembly	9/10/2014 Yes 9/10/2014		6.00 Each	\$84.40	\$506.40
Line Total:							\$506.40

**Note:**

8/21/2014





151-2340 Pegasus Way NE  
Calgary, AB T2E 8M5  
PH: 403.295.8770 FX: 403.313.0793  
EM: info@aerotex.ca WS: www.aerotex.ca

# Packing Slip

Date      Packing Slip#  
04/09/2014      **14-584**

Ship:      Dart Aerospace Ltd.  
         1270 Aberdeen Street  
         Hawkesbury, ON K6A 1K7  
         CANADA

Customer Phone  
613.632.5200

Customer Fax  
613.632.1053

Ship Via  
FEDEXP1

Courier Acct No.

Bill:      Dart Aerospace Ltd.  
         1270 Aberdeen Street  
         Hawkesbury, Ontario K6A 1K7  
         CANADA

Email: dbates@dartaero.com

**Ship Date      P.O. No.**

04/09/2014      PO25465

## Description

## PN

## Qty Shipped

## Ordered

HEAD REST CUSHION AS PER DWG. D3305

D3305-1P

6

HEAD REST COVER WITH 3 VELCRO CLOSURE AS PER DWG D3306  
HST - on sales ON

D3306-041P

6

GST/HST No.

139110308

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www.aerotex.ca

